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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby	appoint:							
	Practitioners associated with the Customer Number: 24738							
OR .			L					
Prac	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
Name			Registration Number	,	lame	Registration Number		
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any and ali	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
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X T	he address as	sociated with Customer Number:	24738			,		
OR			<u> </u>	<del></del>	_}			
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Assignes N	lame and Addr							
Masignee is		`						
KONINKLIJKE PHILIPS ELECTRONICS N.V.								
Groenewoudseweg l								
5621 BA Eindhoven, The Netherlands								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/8B/36 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,								
and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record  The dividual whose significand title is supplied below is authorized to act on behalf of the assignee								
Signature	M	Made. He	ur		Date 02 FEB	2005		
Name	Michae	1 E. Marion			Telephone (914)	333-9637		
Title	Author	rized Representa	tive					

This cotlection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestion for reducing pits burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## Rec'd PCT/PTO 08 MAR 2005 10/527287

PTO/SB/80 (11-04)
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DOWER OF ATTORNEY TO REOSECUTE ARRUPATIONS REFORE THE HORTO

FOREN OF ATTORNET TO PROSECUTE APPEICATIONS BEFORE THE USPTO								
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby	appoint:						7	
	24/38							
OR  Practitioner(s) named below (if more than ten patent practitioners are to be partied, then a customer number must be used):								
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any and all	patent applications ass this form in accordance	sent the undersigned be signed <u>only</u> to the unders e with 37 CFR 3.73(b).	rore the signed a	ccording to the U	ISPTO assignme	ank Office nt records	or assignment	mection with documents
Please cha	nge the correspondenc	e address for the applica	ation ide	entified in the atta	iched statement u	inder 37 C	FR 3.73(b) to:	
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Assignee N	Assignee Name and Address:							
KONINKLIJKE PHILIPS ELECTRONICS N.V.								
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filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record  The dividual whose significant discussions are supplied below is authorized to act on behalf of the assignee								
Signature	Mun	16. M	·	in		Date (	2 FEB	2005
Name	Michael E.	Marion						333-9637
Title	Authorized	Representa	+ i 176	2		<del></del>	· · · · · ·	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestion for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner:	Koninklijke Philips Electronics N.C.					
Application No./Patent No.:	Concurrently	Filed/Issue Date:	Concurrently			
Entitled:	Method of reading a plurality of non-contact data carriers, including an anti-collision scheme					
Koninklijke Philips Electroni states that it is:	cs N.V., a corporati	<u>on</u>				
the assignee of the entire right, title and interest; or an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is% the patent application/patent identified above by virtue of either:						
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.						
B. A chain of title from above, to the current			on/patent identified			
	is recorded in the U	nited States Patent a hich a copy thereof i	and Trademark Office s attached.			
	s recorded in the U	nited States Patent a hich a copy thereof i	and Trademark Office s attached.			
	s recorded in the U	nited States Patent a hich a copy thereof i	and Trademark Office s attached.			
☐ Additional docume	ents in the chain of t	itle are listed on a su	pplemental sheet.			
Copies of assignments or other documents in the chain of title are attached. [Note: A separate copy ( <i>i.e.</i> , the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]						
The undersigned (whose title assignee.	is supplied below)	is authorized to act o	n behalf of the			
Date	Title	in Simons, Reg. No. e: Patent Attorney : (408) 474-9075	45,110			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

**PHAT020058 US** 

As a below named inventor, I hereby declare that:							
My residence, post office address and citizenship are as stated next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Method of reading a plurality of non-contact data carriers, including an anti-collision scheme"							
the specification of which (chec	k only one item below):						
is attached hereto.							
☐ was filed as United States application							
Serial No	Serial No						
on							
and was amended							
on		( ) - ( ) -					
was filed as PCT internation	al application						
Number							
on							
and was amended under PCT Article 19							
on (if							
applicable).							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose information, which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.							
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:							
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119				
EP	02 102 343.7	11-09-2002	YES				

## Rec'd PCT/PTO 08 MAR 2005

10/527287

Attorney's Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) **PHAT020058 US** (includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FULL NAME OF **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR** BREITEUSS **Klemens** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** 201 CITY CITIZENSHIP Voitsberg Austria Austria STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY **ADDRESS** Floraweg 7 A-8570 Voitsberg Austria FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR **THUERINGER** Peter RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 202 CITY CITIZENSHIP Austria Austria Graz STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE CITY **ADDRESS** A-8045 Graz Am Arlandgrund 29/3/7 Austria I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202

> U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office (July 1994)

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